



ARIZONA STATE TREASURER'S OFFICE
DISTRIBUTION RECIPIENT BANKING INFORMATION FORM

Please check one: NEW _____ CHANGE _____

Distributions affected by change (list all): _____

Recipient Name: _____

Recipient Address: _____

Department of Education Identification Number (CTD) Charter School only:_____

Financial Contact Person : _____ Telephone No.: _____

E-mail Address: _____ Fax No.: _____

Alternate Contact Person: _____ Telephone No.: _____

E-mail Address: _____ Fax No.: _____

Bank Name:_____ Branch Contact Person:_____

Bank Branch Address: _____ Telephone Number: _____

Name on Bank Account: _____ Bank Account Number: _____

ABA ACH Routing Number: _____ ABA Wire Routing Number: _____

Individual Authorized to Submit Changes to Banking Data:

Signature _____ Name _____ Date _____

TREASURER'S OFFICE USE ONLY

Recipient ID _____ Contact Key _____

Change verified with: _____ Phone #: _____

Date verified:_____ Verified by:_____

Bank Code: _____ Account Key: _____ (old Acct Key: _____)

Changed in Treasurer's System by:_____ Date:_____ Time:_____

Witnessed by: _____

If you have any questions please call Lorraine Jones at (602) 604-7818.

**Please mail the original to our office at:
Arizona State Treasurer's Office
1700 W. Washington, Ste. 100
Phoenix, AZ 85007
Attn: Lorraine Jones**

This form is for Arizona State Treasurer's Office use only.
This will affect only the distribution information used by
the Arizona State Treasurer's Office.